

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., PCS)

[illegible]

Section B: Facility Data

<p>Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)</p> <p>RTJ Farm, LLC 2225 W. Badger Road Custer, WA 98240</p>	<p>Entry Time/Date</p> <p>11:20 AM 2/21/13</p>	<p>Permit Effective Date</p> <p>N/A</p>
	<p>Exit Time/Date</p> <p>11:55 AM 2/21/13</p>	<p>Permit Expiration Date</p> <p>N/A</p>
<p>Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)</p> <p>Rod Tjoelker, Owner and Operator (b) (6)</p>	<p>Other Facility Data (e.g., SIC NAICS, and other descriptive information)</p> <p>112120 - Dairy Cattle and Milk Production</p> <p>Unpermitted</p>	
<p>Name, Address of Responsible Official/Title/Phone and Fax Number</p> <p>Rod Tjoelker, Owner and Operator 2225 W. Badger Road Custer, WA 98240 (b) (6)</p>	<p>Contacted</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments



(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description	RECEIVED
• • • • •	• • • • •	FEB 22 2013
• • • • •	• • • • •	
• • • • •	• • • • •	
• • • • •	• • • • •	

RECEIVED

FEB 22 2013

Inspection & Enforcement Management Unit
(IEMU)

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Dustan Bott 	EPA / OCE / (206) 553-5502	2/22/13
Jon Klemesrud	EPA / OCE / (206) 553-5068	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date
	EPA / OCE / (206) 553-0955	3/20/13

NPDES WALL 000602

ICIS.

2-26-2013
J. Brown

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	! Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A --- State (Contractor)	O --- Other Inspectors, Federal/EPA (Specify in Remarks columns)
B --- EPA (Contractor)	P --- Other Inspectors, State (Specify in Remarks columns)
E --- Corps of Engineers	R --- EPA Regional Inspector
J --- Joint EPA/State Inspectors—EPA Lead	S --- State Inspector
L --- Local Health Department (State)	T --- Joint State/EPA Inspectors—State lead
N --- NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 --- Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 --- Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 --- Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 --- Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 --- Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

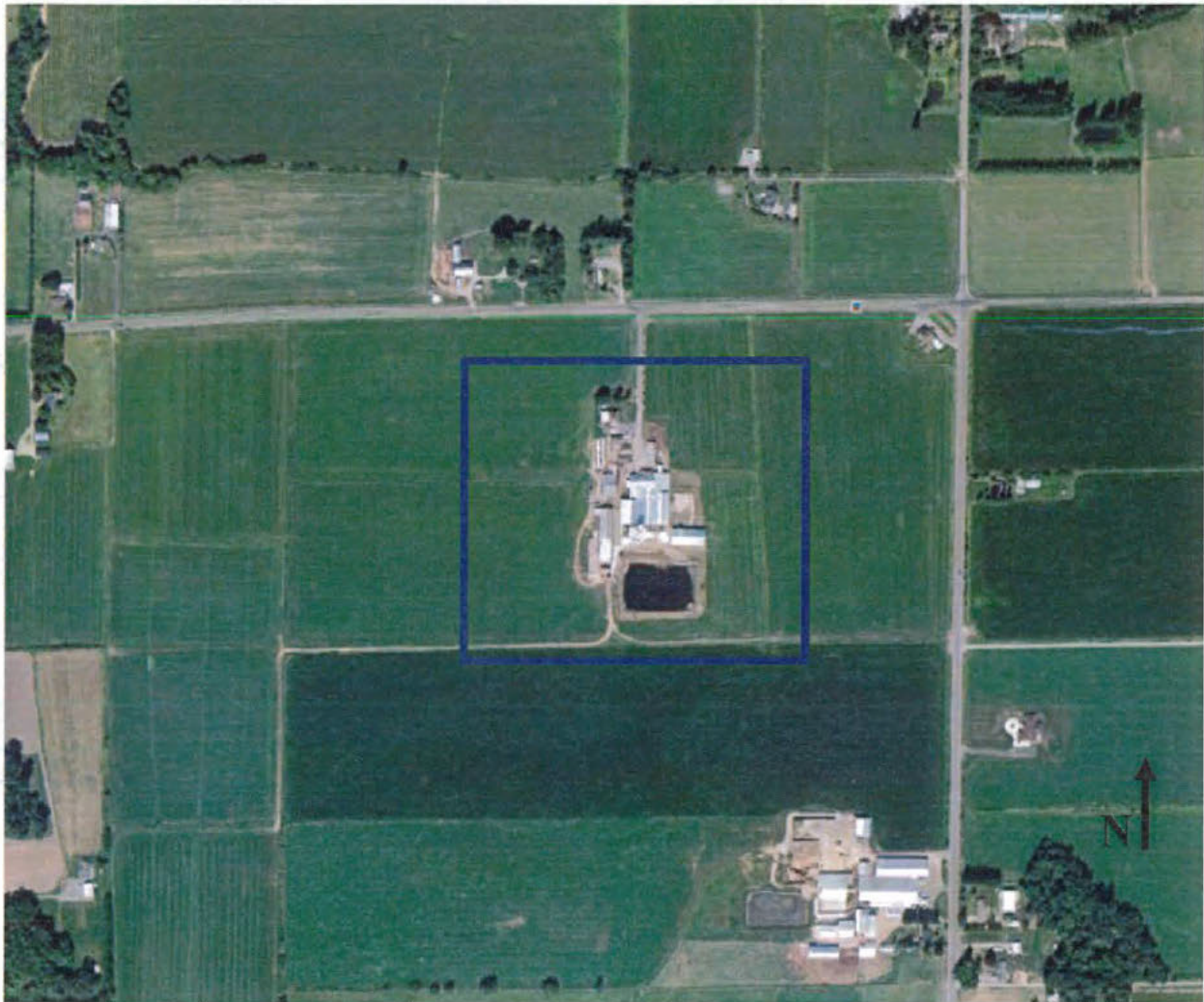
*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

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RTJ Farm, LLC NPDES CAFO Inspection, 2/21/13 Photograph Log

Unless otherwise noted, all photos are taken by Jon Klemesrud.

Facility Location: 2225 W. Badger Road, Custer, WA 98240



(1): Taken from Google Earth. This is an aerial view of dairy operation for the RTJ Farm, LLC (RTJ Farm), highlighted by the blue box.



(2): Taken from Google Earth. This is a closer aerial view of the facility for RTJ Farm, LLC.



(3) P1000059.JPG: Silage storage area at RTJ Farm, located at the southwest corner of the facility. Silage was mostly covered with plastic and tires.



(4) P1000060.JPG: This is where the silage storage area drains to, located at the south end of the silage storage area. There is a drain (marked by red arrow) that captures the drainage which is eventually sent to the lagoon.



(5) P1000061.JPG: This is a picture of the largest of the two lagoons at RTJ Farm, located at the southeast corner of the facility. This storage lagoon is approximately 3 million gallons in size. Photo was taken facing southwest from the northwest corner of the lagoon.



(6) P1000062.JPG: This is a photo looking west near the south end of the confinement area at the facility. The drain flows to an underground pit (approximately 60,000 gallon capacity) and then is pumped to the solid separator and then one of the lagoons.



(7) P1000063.JPG: Photo of the smaller of the two lagoons, approximately 750,000 gallon capacity. This photo was taken facing northeast from the southwest corner of the lagoon.



(8) P1000064.JPG: This is a view of the solids from the solid separator, located on the south end of the smaller lagoon.



(9) P1000065.JPG: Looking west a the north side of the commodity storage barns at the facility.

ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)**General Information**

Is the Animal Facility Type a CAFO? (Yes or No)	Yes
CAFO Classification? (Large, Medium, or Small)	
CAFO Designation Date: (mm/dd/yyyy)	
Designation Reason:	
Discharges During Year From Production Area: (Check only ONE)	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes (Authorized only)	
<input type="checkbox"/> Yes (Unauthorized only)	
<input type="checkbox"/> Yes (Both Authorized/ Unauthorized)	

Solid & Liquid Manure

Solid Manure or Litter Generated: (Tons)	
Liquid Manure or Wastewater Generated: (Gallons)	
Solid Manure or Litter Transferred: (Tons)	
Liquid Manure or Wastewater Transferred: (Gallons)	

NMP (Nutrient Management Plan)

Does the facility have an NMP developed or approved by a certified planner? (Yes or No)	
NMP Developed Date: (mm/dd/yyyy)	
NMP Last Updated Date: (mm/dd/yyyy)	

EMS (Environmental Management System)

Does the facility have an EMS? (Yes or No)	
EMS Developed Date: (mm/dd/yyyy)	
EMS Last Updated Date: (mm/dd/yyyy)	

Land Application BMP (Best Management Practices)

Type (Check all applicable)	
<input type="checkbox"/> Buffers	
<input type="checkbox"/> Setbacks	
<input type="checkbox"/> Conservation Tillage	
<input type="checkbox"/> Constructed Wetlands	
<input type="checkbox"/> Infiltration Field	
<input type="checkbox"/> Grass Filter	
<input type="checkbox"/> Terrace	
<input type="checkbox"/> Residue Management	
<input type="checkbox"/> Other: (Specify)	

Animal Type

Type (Check all applicable)	Open Confinement Count (#)	Housed Under Roof Confinement Count (#)	Total #
<input type="checkbox"/> Mature Dairy Cattle		530	530
<input type="checkbox"/> Veal Calves			
<input type="checkbox"/> Cattle (All except Mature Dairy Cattle & Veal Calves)			
<input type="checkbox"/> Swine over 55 lbs			
<input type="checkbox"/> Swine under 55 lbs			
<input type="checkbox"/> Horses			
<input type="checkbox"/> Sheep or Lambs			
<input type="checkbox"/> Turkeys			
<input type="checkbox"/> Chicken (All except Layers)			
<input type="checkbox"/> Chicken (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other: (Specify)			

Manure, Litter, & Processed Wastewater Storage Types

Type (Check all applicable)	Storage Total Capacity Measure (#-- specify Tons or Gallons)	Days of Storage (#)
<input type="checkbox"/> Wastewater Treatment Lagoon		
X <input checked="" type="checkbox"/> Storage Lagoon	3,750,000 Gallons	
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Above Ground Storage Tanks		
<input type="checkbox"/> Below Ground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Underflow Pits		
<input type="checkbox"/> Anaerobic Digester		
<input type="checkbox"/> Outdoor Piles		
<input type="checkbox"/> None		

ICDS Attachment D: CAFO (page 2 of 2)

Land Application

Land Available for Application Measure: (# of acres)	552 acres
Number of Acres of Contributing Drainage from Production Area: (# of acres that are drained & collected in the production area)	

Livestock

Livestock Maximum Capacity: (# of animals)	
Livestock Capacity Determination Based Upon: (# of animals)	
Authorized Livestock Capacity: (the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)	

Other: (Specify)

Containment Type

Type (Check all applicable)	Total Capacity (#)
<input type="checkbox"/> Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: (Specify)	

Violation Types

Type (Check all applicable)
<input type="checkbox"/> Failure to Have an NMP
<input type="checkbox"/> Failure to Follow an NMP
<input type="checkbox"/> Inadequate Storage
<input type="checkbox"/> Unauthorized Discharge
<input type="checkbox"/> Improper Record Keeping
<input type="checkbox"/> Failure to Follow Setbacks/Vegetative Buffering
<input type="checkbox"/> Failure to Sample/Test Manure/Soil
<input type="checkbox"/> Failure to Submit Annual Report